

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214504918				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: KEENAN, HOPKINS, SCHMIDT AND STOWELL CONTRACTORS, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: FL</p> </div> <div style="width: 35%;"> <p>DUE DATE: 1/31/2014</p> <p>SCC ID NO: F1455866</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>7,500</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	7,500
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COMMON	7,500					
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 5422 BAY CENTER DR STE 200 CITY/ST/ZIP: TAMPA, FL 33609 </div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL R CANNON TITLE: PRESIDENT ADDRESS: 648 HARBOR ISLAND CITY/ST/ZIP/CO: CLEARWATER, FL 33767 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MICHAEL R CANNON TITLE: PRESIDENT ADDRESS: 648 HARBOR ISLAND CITY/ST/ZIP/CO: CLEARWATER, FL 33767	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME:	RICHARD J POLLICINO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	14 ORCHARD DR		
CITY/ST/ZIP/CO:	MULLICA HILL, NJ 08062		
NAME:	LYNDA L LICHT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	830 ISLAND WALK DR.		
CITY/ST/ZIP/CO:	TAMPA, FL 33602		
NAME:	DANIEL F CASEY, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SRVP		
ADDRESS:	6905 CROSS CREEK LANE		
CITY/ST/ZIP/CO:	MCKINNEY, TX 75070		
NAME:	THOMAS J GIBBONS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SRVP		
ADDRESS:	4608 QUIET CIRCLE		
CITY/ST/ZIP/CO:	PLANO, TX 75024		
NAME:	TONY L HEMGESBERG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	1880 ARLINGTON CT		
CITY/ST/ZIP/CO:	LONGWOOD, FL 32779		
NAME:	MARK A KEENAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	500 PICKFORD POINT		
CITY/ST/ZIP/CO:	LONGWOOD, FL 32779		
NAME:	ROBERT C LUKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4175 13TH WAY NE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33703		
NAME:	ROBERT J MCCARTHY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SRVP		
ADDRESS:	2623 WEMBLEYCROSS WAY		
CITY/ST/ZIP/CO:	ORLANDO, FL 32828		
NAME:	ERIK S SANTIAGO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SRVP		
ADDRESS:	29629 FOREST GLEN DR.		
CITY/ST/ZIP/CO:	WESLEY CHAPEL, FL 33543		
NAME:	Robert D Evans	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	405 North Ocean Blvd		
CITY/ST/ZIP/CO:	#1023 Pompano Bch, FL 33062		
NAME:	Angela Christine Sechrest	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	608 Delany Park Dr.		
CITY/ST/ZIP/CO:	Orlando, FL 32806		

NAME: Jess A Robinson TITLE: DIRECTOR ADDRESS: 2227 Winder Circle CITY/ST/ZIP/CO: Franklin, TN 37064		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MICHAEL R CANNON		MICHAEL R CANNON, PRESIDENT	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			